

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213527198						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: F0485799</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 777 N CAPITOL ST NE STE 600</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WASHINGTON, DC 20002</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOAN MCCALLEN TITLE: PRESIDENT ADDRESS: 777 N CAPITOL STREET NE SUITE 600 CITY/ST/ZIP/CO: WASHINGTON, DC 20002-4240 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;">X</td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOAN MCCALLEN TITLE: PRESIDENT ADDRESS: 777 N CAPITOL STREET NE SUITE 600 CITY/ST/ZIP/CO: WASHINGTON, DC 20002-4240	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR
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NAME:	JACQUELINE CHARNLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	FRANCES GONZALEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	THOMAS LUNDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 N. CAPITOL ST, NE		
CITY/ST/ZIP/CO:	#600 WASHINGTON, DC 20002		
NAME:	ERICK MCKISSACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	PEGGY MERRISS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	DAVID R MORA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL ST, NE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	ROBERT O'NEILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	TIMOTHY VAILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	R.L JAY VIVIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	Rich Whitty	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	777 N CAPITOL STREET NE		
CITY/ST/ZIP/CO:	#600 WASHINGTON, DC 20002		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ELIZABETH GLISTA	ELIZABETH GLISTA, TREASURER	6/11/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.